

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8130

BIRTH NO. 9527-50		REG. DIST. NO. 88		PRIMARY REG. DIST. NO. 5326		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford			
b. CITY (If outside corporate limits, write RURAL and give township) Merimac Township		c. LENGTH OF STAY (in this place) 20 Hrs		c. CITY (If outside corporate limits, write RURAL and give township) Merimac Township		0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION - - - - -				d. STREET ADDRESS (If rural, give location) Near Cuba, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) Barbra		b. (Middle) F.		c. (Last) Anderson		4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Feb. 8, 1950	
9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR Months 0 Days 0		11. IF UNDER 1 HRS. Hours 20 Min. 35			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) St. James, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James F. Anderson		13b. MOTHER'S MAIDEN NAME Luella B. Eggers		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Cuba James F. Anderson, St. James, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours 76 25°	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-8, 1950, to 2-9, 1950, that I last saw the deceased alive on 2-8, 1950, and that death occurred at 6:35 a.m., from the causes and on the date stated above.							
23a. SIGNATURE E.V. Hammer, M.D.		(Degree or title)		23b. ADDRESS St. James, Mo		23c. DATE SIGNED 2-11, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-10-1950		24c. NAME OF CEMETERY OR CREMATORY Cuba, Cemetery		24d. LOCATION (City, town, or county) (State) Cuba, Missouri	
DATE REC'D BY LOCAL REG. 3-10-50		REGISTRAR'S SIGNATURE [Signature] 76		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.E. Licklider, St. James, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-13-50

District Health Officer No. 5,

District File Number 3-50-169

Date Filed 3-17-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.